

Mamie Abrams

Died at *Bay View* Town *Cecil* County MARYLAND
 Date 19*04* *Oct* *5* Month Day Y. M. D. Age *28* Native of *Cecil* Occupation *Housewife*
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Female~~ ~~Single~~ ~~Widower~~ ~~Native of Cecil~~

Husband of

Wife

Father's Name

Cause of Primary

Death Immediate

Reported by

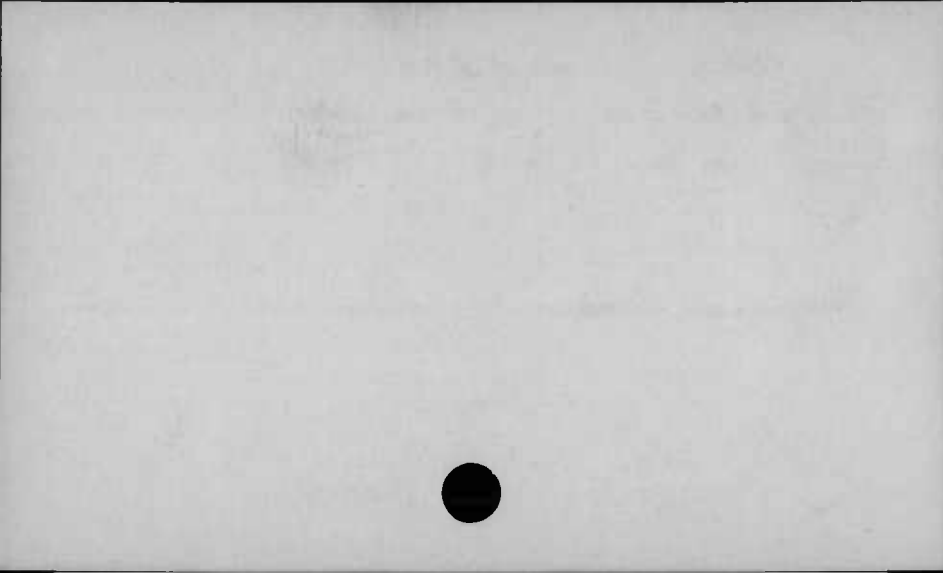
Address

Mother's Maiden Name

How long sick

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James F. Biddle

Town

County

Died at

New Carlisle

Cecil

MARYLAND

Date 19

02

Month

Day

10. 31

Age

Y.

M.

D.

- 3 -

Native of

Md

Occupation

-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Wayman Biddle

Mother's

Maiden Name

Sallie Long

Cause of

Primary

How long sick

one week

Death

Immediate

Convulsion

Accident, Suicide, Homicide

Reported by

R. M. Black

Address

Cecil, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Anthony Bond
Town Cecil

MARYLAND

Died at		Date of death 1902		Age	Months	Days
Part of Cecil		Oct 23		71	6	5
Sex	Color or Race	Birth-place				
Female	Colored	New Market East				
Married, Single or Widowed		Occupation				
Widow		Housework				
Name of Wife or Husband		Father's Name		Father's Birthplace		
Hloyd Bond		Greenbury Stanley		New Market		
Mother's Maiden Name		Mother's Birthplace				
Mary Stanley		- - - -				
Name of person giving information		How related to deceased				
P. D. T. Bertha Brown		Miss M. H. H.				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	1 1/2 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
		P. D. T. Bertha Brown	
		(Over)	
Accident or Suicide?			

I believe this to be
correct.

D. G. Fisher

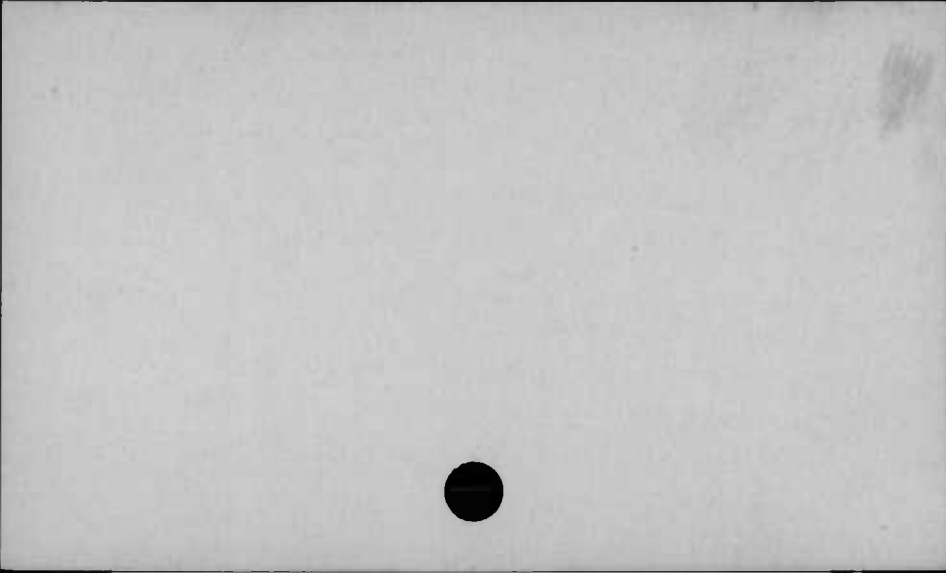
Carrie Bristol

Died at Chester City Deale MARYLAND
 Town County
 Date 1992 10 28 Age 2 4 — Native of Ind Occupation Infant
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of X
 Wife
 Father's Name Harry Bristol Mother's Maiden Name Anna Zumpf
 Cause of Death { Primary Spinal meningitis How long sick 8 days
 Immediate Convulsion 6/2 Accident Suicide Homicide

Reported by Wm H. Kassner M.D.
 Address Chester City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Margaret R. Cameron.

at ^{Town} Farmington ^{County} Cecil 6th Dist. MARYLAND

1802 1892 Month 10 Day 10 Y. 46 M. 10 D. 10 Native of Maryland, Occupation

Male White Married Widow Divorced
Female Colored Single Widower Number of children living

band of 120

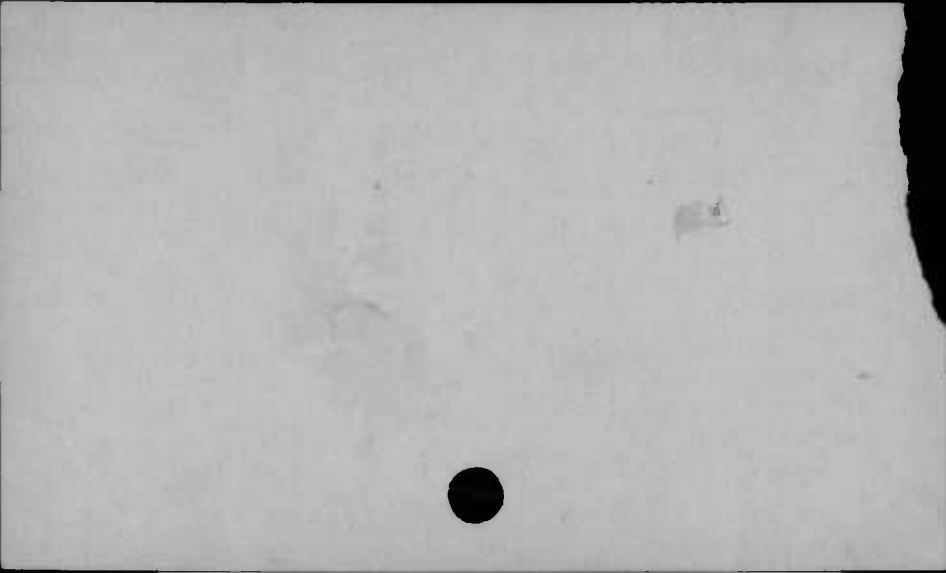
Father's Name Wm. Cameron. Mother's Name Jane Cameron.

Cause of Death { Primary Bright's Disease, How long sick One month.
Immediate Heart Failure. Accident, Suicide, Homicide

Reported by H. E. Brown M.D.

Address Principia, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Amelia, E. Forace 5th Dist
 Town County

Died at

DC Neck
 Month Day

Cecil
 Y. M. D.

MARYLAND

Occupation

Date 1902

Oct. 27
 Age

1-0-24
 Y. M. D.

Md
 Native of

Female

White

Single

Widow

Number of children living

None

Husband of

Wife

Father's

Name

Harry B Forace
 Maiden Name

Maiden Name

Mother's

Margaret Alexander
 How long sick

Cause of

Primary

Meningitis
 61

How long sick

7 days
 Accident, Suicide, Homicide

Death

Immediate

Convulsions
 Reported by

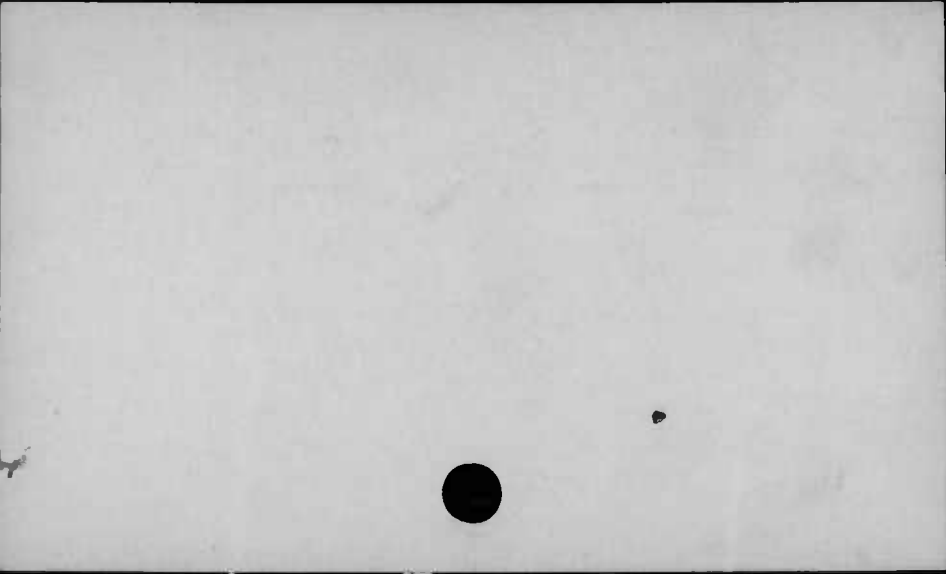
Reported by

Theo A Worrall
 Address

Address

North East Md
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

X



Name
in
Full

Emma Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elkton</i> ^{Town}		<i>Beall</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>10</i>	Day <i>22</i>	Age <i>24</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or hair <i>Colored</i>		Birth-place		
Married, Single or Widowed <i>Married</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>George Harris</i>		<i>56</i>			
Father's Name <i>Joseph Stout</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Minnie Green</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>—</i>		How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Alcohol & Pregnancy</i>	How long
Immediate <i>Uræmia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm D. Cauley M.D.</i>
	Address <i>Elkton Md.</i>
Accident or Suicide?	



Name
in
Full

Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elkton</i> Town			<i>beie</i> County		MARYLAND	
Date of death 190 <i>2</i>		Month <i>oct</i>	Day <i>15</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Elkton</i>		
Married, Single or Widowed				Occupation		
Name of Wife or Husband						
Father's Name <i>George Harris</i>				Father's Birthplace		
Mother's Maiden Name <i>Emma Stout</i>				Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>		How long
		How long
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm D Lawley M.D.</i>
		Address <i>Elkton Md</i>
Accident or Suicide?		



William H. Huff

Town

County

Died at

MARYLAND

Corowingsa Cecil Co

Month Day Y. M. D. Native of Occupation

Date 1902 Oct- 21 Age 42 Md Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Number of children living~~

Husband

of

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

Wm D. Cawley M.D. 166

Elkton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Born, raised and
lived in Hartford to
all his life

Dr. S. S. S. S.

Name
in
Full

Robert Jaquette

CERTIFICATE OF DEATH

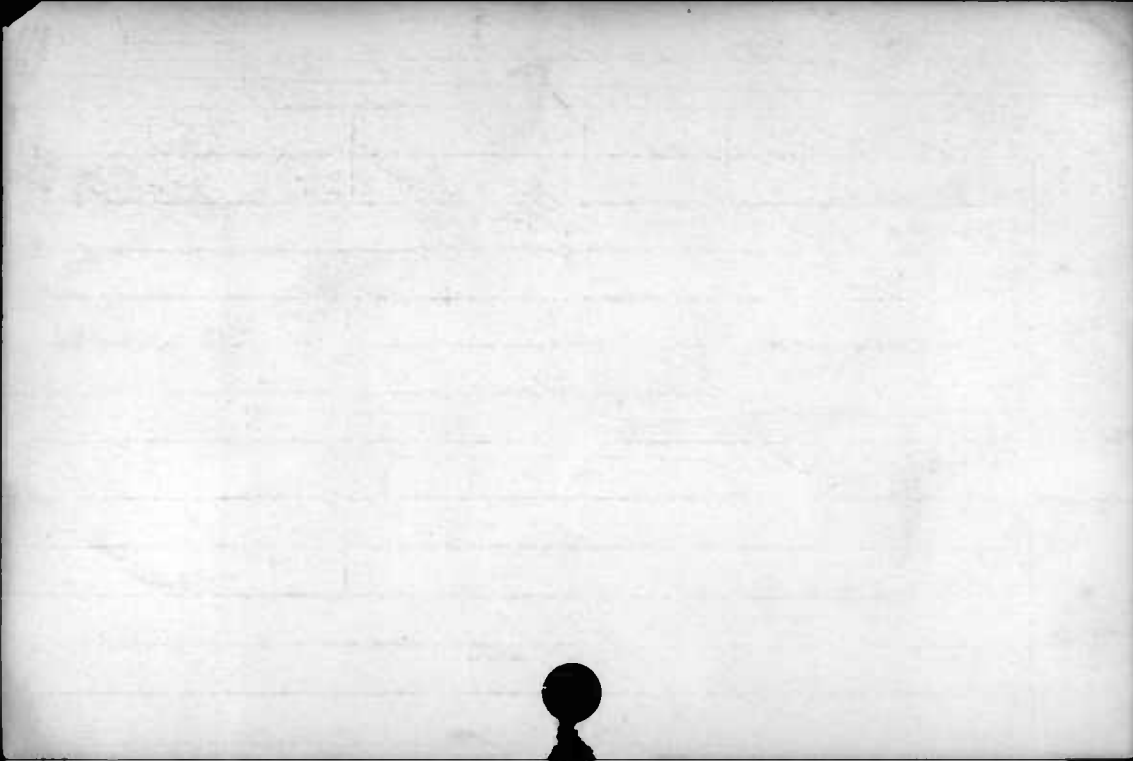
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Eborator</i>		County <i>Lehigh</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>10</i>	Day <i>23</i>	Years <i>68</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>—</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Martha Jaquette</i>					
Father's Name <i>John Jaquette</i>				Father's Birthplace	
Mother's Maiden Name <i>—</i>				Mother's Birthplace	
Name of person giving In formation <i>John R. Jaquette</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Disease ?</i>	How long <i>Dead before ar- rival</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes -</i>	Signature of Physician <i>John H. Jamar</i>
	Address <i>Elkton Md</i>
Accident or Suicide?	



Mrs. Betty Johnson

Town

County

Died at

Chesapeake City

Cecil

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Oct

13th

Age

78

11

21

England

~~Male~~

White

Married

~~Widow~~

~~Divorced~~

Female

~~Colored~~

~~Singly~~

~~Widower~~

Number of children living

None

Husband

of

Wife

John W. Johnson

Father's

Name

Joseph Hornum

Mother's

Maiden Name

Ann Hershaw

Cause of

Primary

Senile decay

Death

Immediate

General debility

How long sick

1 yr
a year or more

Accident, Suicide, Homicide

Reported by

Dr. J. D. Wallace

Address

Chesapeake City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

mae



Name
In
Full

Not named

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Port Deposit</i>		Town <i>near Port Deposit</i>		County <i>Delaware</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>10</i>	Day <i>30</i>	Age	Years	Months <i>2</i>	Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>near Port Deposit</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband							
Father's Name <i>Thomas Leece</i>				Father's Birthplace <i>Hford Pa</i>			
Mother's Maiden Name <i>Fannie Wallace</i>				Mother's Birthplace <i>Delmar Delo</i>			
Name of person giving information <i>Annie Wallace</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Not known</i>	How long <i>151</i>
Immediate <i>No physician in attendance</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jasiah Lewis</i>
	Address <i>Port Deposit Delaware</i>
Accident or Suicide?	



Name
in
Full

Nicholas Lotman

CERTIFICATE OF DEATH

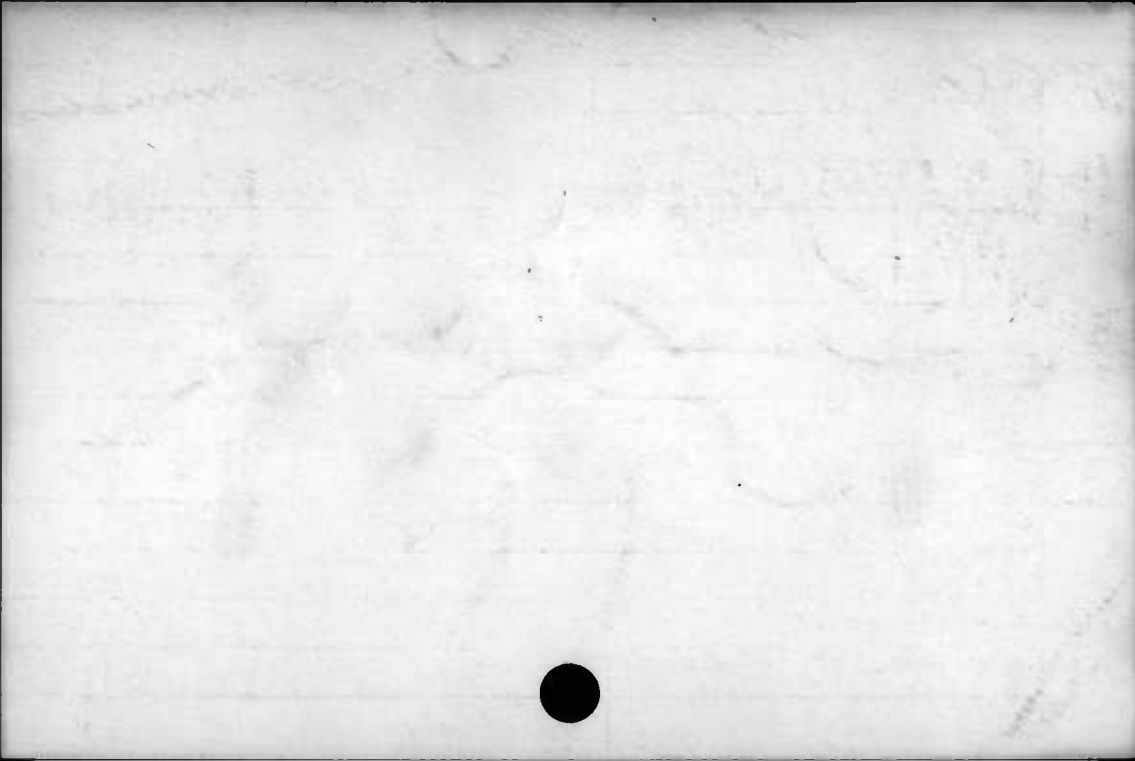
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk River</i> <small>Town</small>		<i>Cecil Co.</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i> <small>Month</small>	<i>Oct-</i> <small>Day</small>	<i>30</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>6</i> <small>Days</small>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>	Occupation _____				
Name of Wife or Husband _____					
Father's Name <i>Henry Lotman</i>			Father's Birthplace <i>Cecil Co. Md.</i>		
Mother's Maiden Name <i>Clara Robinson</i>			Mother's Birthplace <i>Cecil Co Md.</i>		
Name of person giving information <i>Henry Lotman</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhus</i>	How long <i>3 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm D. Cawley</i>
	Address <i>Elkton Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Robert Anthony Leihutti
 Died at *Paterson* ^{Town} *And* ^{County} *And* ^{MARYLAND}

Date 19 *12* ^{Month} *Oct* ^{Day} *7* | Age *51* | Y. *And* | Native of *And* | Occupation *Home*
~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
 Female ^{Colored} ~~Single~~ ^{Widower} ~~Number of children living~~

Husband
of
Wife

Father's Name *Frank Leihutti* | Mother's Maiden Name *Angela Leihutti*

Cause of Death { Primary *Leukemia* | How long sick *4 mos*
 { Immediate *Exhaustion* | *105*
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full *6-Dist* *Thomas C. McHenry* Certificate of Death
6-Dist-

Town *St. Mary's Church* County *Cecil* MARYLAND

Died at *St. Mary's Church* Month *10* Day *26* Y. *82* M. *Cecil* D. *Cecil* Occupation *Driver*

Date 19 *02* *10* *26* Age *82* Native of *Cecil*

Male *White* *Married* *Widow* *Divorced*
Female *Colored* *Single* *Widower* Number of children living

Husband of _____
 Wife _____

Father's Name *Steven McHenry* Mother's Name _____
 Maiden Name _____

Cause of Death { Primary *General* Immediate *Victims* } *154* How long sick *2 years*
Accident, Suicide, Homicide

Reported by *Dr. [illegible]*

Address *H. [illegible]*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

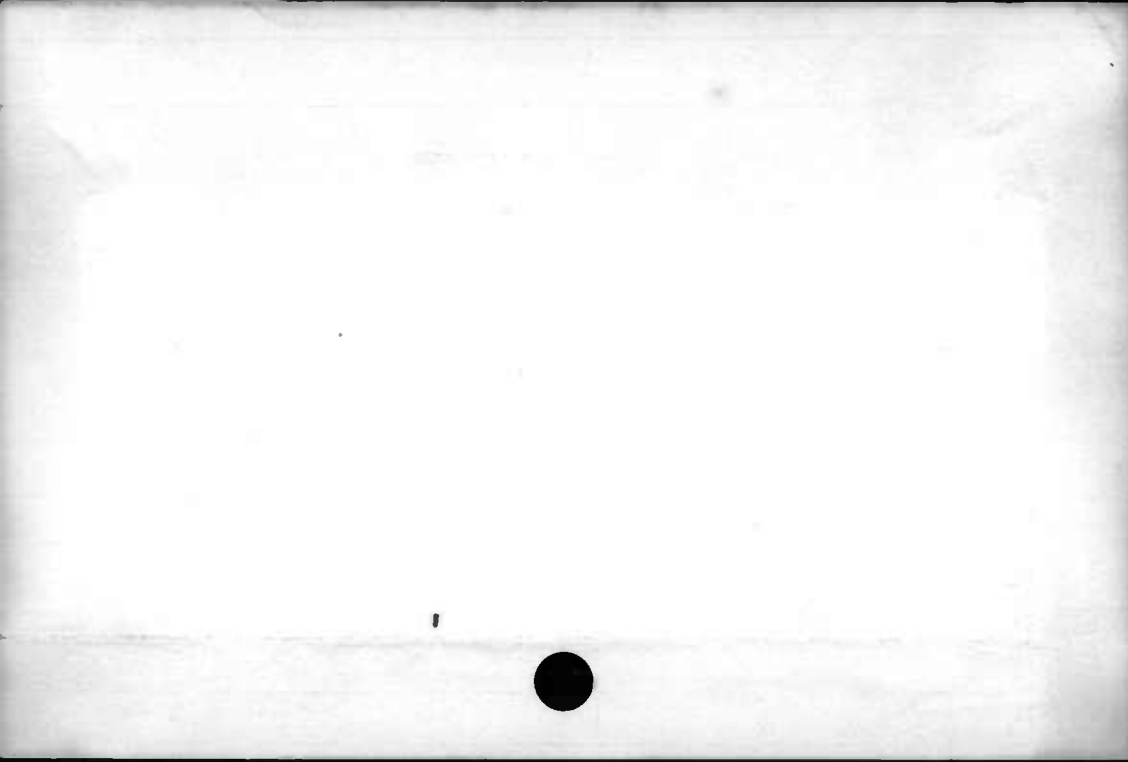
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Neck</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>10</i>	Day <i>6</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Elk Neck</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Jos T McKenney</i>			Father's Birthplace <i>Elk Neck</i>		
Mother's Maiden Name <i>Mary A Lockard</i>			Mother's Birthplace <i>Elk Neck</i>		
Name of person giving Information <i>Jos T McKenney</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Stroke</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>B. B. B. B. B.</i>
		Address	<i>N. E. S.</i>
Accident or Suicide?			



Harry Neff

Died at ^{Town} Middlebrook County Cecil

MARYLAND

Date 1902 ^{Month} Oct ^{Day} 29 ^{Y.} 19 ^{M.} 0 ^{D.} 0 ^{Native of} Md ^{Occupation} Farmer

Male ^{White} ^{Married} ^{Widow} ^{Divorced}
~~Female~~ ^{Colored} ^{Single} ^{Widower} ^{Number of children living}

Husband of _____

Wife

Father's Name Henry Neff

Mother's Maiden Name Addie Clayton

Cause of { Primary Phthisis

How long sick 2 years

Death { Immediate Hemorrhage from Lungs

~~Accident, Suicide, Homicide~~

Reported by J. J. Wright M.D.

Address Hancock Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Henry J Pensel

Town

County

Died at *Chesapeake City Cecil*

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	10	20	62	8	3	Germany	Retires Merchant
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living <i>two</i>

Husband of *Emma K. Pensel*

Father's Name *Fredrick Pensel* Mother's Maiden Name *Catherine Schoenwolf*

Cause of Death	Primary	Immediate	How long sick
		<i>Cataractal Gastritis</i>	<i>Since June 1901</i>
		<i>104</i>	<i>Accident, Suicide, Homicide</i>

Reported by *W C Karsner M.D.*

Address *Chesapeake City Cecil Co Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

No Name premature birth, still born

Town

County

Died at Rock Springs

MARYLAND

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Oct - 8

Age

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
ofFather's
Name

Michael Pschirosheski

Mother's
Name

Terrie Vandeebski

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Geo. W. Gillespie M.D.

Address

Pleasant Grove Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65088



Name in Full

Certificate of Death

Samuel F. Ritchie

Died at *Pilot* TownCounty *Cecil**8th Dist*

MARYLAND

Date 19*02* Month *10* Day *14* Y. *8* M. *8* D. *8*
 Native of *Mayb* Occupation *none*
 Male *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~
 of
~~Wife~~

Father's Name *William R. Ritchie*

Mother's Maiden Name *Eveline Reed*

Cause of Death { Primary *Enter. Colitis*
 Immediate *Exhaustion*

105

How long sick
16 days

~~Accident, Suicide, Homicide~~Reported by *S. T. Roman*Address *Bonowingo Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Oakwood
16th

Fannie E. Rowan

Town

County

MARYLAND

Died at *Crownpoint* *Cecil*
 Month Day Y. M. D. Native of Occupation
 Date 19 *02* *Oct 21* Age *24* *Heu* *Housewife*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of *Amos H. Rowan*
 Wife
 Father's Name *Wm. C. Rowan* Mother's Name *Elizabeth*
 Cause of Death { Primary *Pulmonary Tuberculosis one year.* How long sick
 Immediate *Heart weakness.* Accident, Suicide, Homicide

Reported by *F. B. West - M. S. 27*
 Address *Kimberly Pa.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George Scott

8th Dist

Died at Octopus Town near Paken Mill Cecil County

MARYLAND

Date 1902 10 11 Age 84-8 - 8 - 8
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 3

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Cystitis

Death

Immediate

Exhaustion

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

Address

 Geo S. Dase
 Rising Sun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Stevenson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>3rd dist</i>		County <i>local</i>		MARYLAND	
Date of death 190 <i>2</i>		Month <i>Oct</i>	Day <i>8</i>	Age		Months <i>1</i>	Days <i>3</i>
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Elkton Md</i>			
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>Illegitimate</i>		Father's Birthplace					
Mother's Maiden Name <i>Josephine Stevenson</i>		Mother's Birthplace <i>1st Dist</i>					
Name of person giving information <i>Josephine Stevenson</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Artificial Diet</i>	How long	<i>151</i>
Immediate	<i>Inanition</i>	How long	<i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Howard Branton H.O.</i>	
		Address <i>Elkton Md</i>	
Accident or Suicide?			



Perina Strady
 Town

County
Cecil

MARYLAND

Died at *Cecilton*

Month Day

Y. M. D.

Native of

Occupation

Date 19*62*

10. 4

Age

85 *widow*

County

no special

Male

White

~~Married~~

~~Widow~~

~~County~~

Female

~~Colored~~

~~Single~~

~~Widower~~

Number of children living *5 or 6*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Coronary Hemorrhage

How long sick

Five days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

John Mary Underlock

Address

Cecilton Md. Pr Dr. L. N. Crawford

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Not Married Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Port Deposit Cecil		County		MARYLAND	
Date of death 190	2	Month	Oct.	Day	10 th	Years	0
Sex	Male.		Color or Race	Colored.		Months	7
Married, Single or Widowed		Occupation		Birth-place		Port Deposit	
Name of Wife or Husband		Callie Thomas					
Father's Name		Tuesday Thomas		Father's Birthplace		Hampt Va	
Mother's Maiden Name		Callie Hickumbottom		Mother's Birthplace		Hampt Va	
Name of person giving information		Callie Thomas		How related to deceased		Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis		How long	One week	
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		D. G. Fisher			
		Address			
		Port Deposit, Md.			
Accident or Suicide?					

